## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 318 Primary Registration District No. 1003Registration District No. \_\_\_\_ DO NOT WRITE ON THIS STUB AMENDED PEACE OF BEATH <u> 1963</u> 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE OKLA a. COUNTY b. COUNTY admission) VS 300 AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN town ST. Louis WYNONA DA YS YesŽ⊓ No □ c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm ADDRESS LEXIAN $B_{oldsymbol{R}}oldsymbol{s}$ . Hos. INSTITUTION Yes Z No 🗋 Yes | No | 3. NAME OF DECEASED Middle 4. DATE Day OF SEPT. (Type or print) I96326 FINKES LAWRENCE9. AGE (last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married | Never Married | 8. DATE OF BIRTH Widowed X Divorced [ MALE10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) MELVILLE. LYE MANF. 13b, MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME GENEVIEVE WARDEINJOHN FINKES Cora17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of serv 3933 S. Broadway Brother Aegidius 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 week IMMEDIATE CAUSE (a) ö Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased there a pregnancy in last 90 days. disease condition given in PART I (a) □ No □ Unknown 19. WAS AUTOPSY PERFORMED? YESZEX NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 20c, TIME OF Month, Day, Year Hour a.m. p.m. USE BLACK INK 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NOT WHILE AT WORK **LYPEWRITER** READ 21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred 22c. DATE SIGNED 22a. SIGNATURE Ö AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION REMOVAL (Specify) ġ Louis. FRIEDENS KUR I**AL** DATE RECD. BY LOCAL REG. ITEM 24. FUNERAL DIRECTOR Southern F. Home 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Zoother Jegidius (993) S.breedwey

## STATEMENT BY LICENSED EMBALMER

if this body is not embalmed, fact should be so stated above 15.2 1583

	, Student Embalmer No
rsonal supervision.	Signed James a Rell
nature of Student Embalmer	Signed 7 A 7 D D D D
	Licensed Embalmer No. 4347
No.	P. O. Address 6322 An Shared
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Southern F. Here